

# FEC FORM 2

## STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <b>JERRY LEON CARROLL</b>		2. Candidate's FEC Identification Number <b>C00214999</b>
(b) Address (number and street) <b>P.O. BOX 9079</b>		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code <b>Stockton, California 95208</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <b>NO PARTY</b>	5. Office Sought <b>President</b>	6. State & District of Candidate <b>California Kern County Kevin McCarthy District 7</b>

**non partisan DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2024** election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>Jerry Carroll Committee for President</b>
(b) Address (number and street) <b>P.O. BOX 9079</b>
(c) City, State, and ZIP Code <b>Stockton, California 95208</b>

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) <b>NONE</b>
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

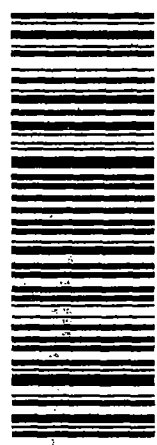
Signature of Candidate <b>Jerry Leon Carroll</b>	Date <b>January 18, 2021</b>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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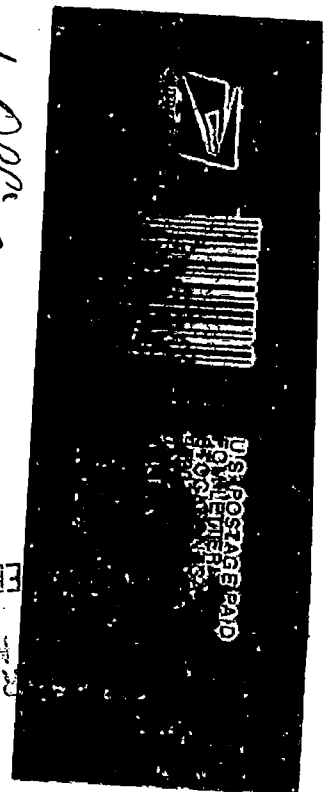
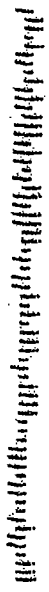
Very Lowell Committee  
for President  
P.O. Box 9079  
Stockton, California  
95208

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>SPM</i> PREPARER	<i>2/11/21</i> DATE PREPARED

(3/2015)

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